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## Better Safe Than Sorry? Frequent Attendance in a Community Hospital Emergency Department

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### Introduction

Pain accounts for up to 78% of Emergency Department (ED) attendances [1], including repeat attenders for similar or related problems. Frequent Attenders (FA's) typically present as complex, chaotic and with unexplained symptoms [2]. In addition to health difficulties they are considered to be psychologically and socially vulnerable [3].

Decision-making regarding seeking medical help is complex: psychological, social and medical factors are interrelated and cannot be understood purely in terms of health need<sup>11</sup>: research indicates that there are many psychological factors likely to influence patients' decisions to access the ED, including understanding of their health condition[4], accessibility of other services[5], level of distress and influence of others, such as health professionals or families[6]. Frequent attendance is associated with health problems that could be better managed elsewhere [7].

### Aims

This exploratory study was commissioned to:

1. Identify the defining characteristics and unmet needs of FA's
2. Explore the staff perceptions and attitudes towards FA's
3. Make recommendations for reducing frequent attendance

“ *What if we discharge them too early  
...and we have missed something ?* ”

### Methods

A mixed methods approach was used to explore the specific needs of FA's and the multi-system context of this behaviour:

- **Brief structured interviews** with FA's referred to the 'majors' section of the ED, conducted in vivo (N=30), to assess relevant factors associated with attendance. Interview questions were based on current evidence base and developed iteratively between the ED lead consultant and study authors.
- **Quantitative analysis of hospital business data** of the most FA's (N=50) including hospital related activity, demographic information and referral path.
- **Case note analysis** of FA's (N=10) with a qualitative analysis of common themes.
- **Staff interviews:** a sample of ED and pain clinic staff (N=8 )were interviewed using a brief semi-structured format to elicit views and attitudes towards FAs.

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### Results

#### FA Demographics:

- 21- 40 years of age, 50:50 male and female
- 70% attended via emergency services
- 100% had long-term conditions
- Approx. 50% had complex psychosocial needs
- Majority had unexplained symptoms and used multiple medications

#### Top 50 most frequent attenders:

- Averaged 18 attendances per annum
- 49% were admitted
- 60% were discharged within 48 hours
- >80% were discharged without intervention

#### Influences on attendance at ED:

- Familial history of serious illness
- Relatives encouragement to attend
- VAS score of 7/10 indicated common perceived necessary level intervention

#### Staff views:

Split between those who viewed FA's compassionately and others who were less sympathetic:

“ *Impressions ranged from compassion...to  
considering the FA's to be attention seeking* ”

Staff agreed that current systems were ineffective at meeting the need of the FA's, which contributed to their anxieties around missing serious illness.

### Recommendations

Based on the findings of this study, there are a number of changes which could address the needs of this population:

1. *Frequent attender policy:* a system wide approach to respond to the needs of FA's
2. *Multi-faceted care pathways:* to meet clinical need and offer smooth transition for FA's
3. *Multi-disciplinary care plans:* encouraging consistent approach to treating each FA
4. *Staff education & support:* multi-level education and support re FA needs and FA policies
5. *Screening tools in the ED:* to triage mental health and inform care plans
6. *Written information:* leaflets with information on alternative urgent care services
7. *Brief discharge action plans:* Given at discharge and shared with both patient and GP

### Discussion

Frequent attendance indicates a poor fit between medical model emergency services and vulnerable patient groups, with compromised psychological and social circumstances. This is thought to contribute to the ambiguity experienced by ED staff managing FA's and more likely to result in a '*better safe than sorry*' culture

US studies indicate that the most successful interventions for FAs comprise a case management approach, with or without the inclusion of multidisciplinary input[8, 9].

Implementation of care plans along with other study recommendations are likely to lead to better met need of the FA and more appropriate use of health services.

### Conclusion

The FA problem is likely to be of a systemic nature and a new overarching framework should be defined by the understanding that this group are vulnerable, complex and presenting with genuine need.

Pain associated with high levels of anxiety on the part of the patient or clinician in the ED environment is fuelling a better 'safe than sorry' culture.

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